

Case Number:	CM14-0080446		
Date Assigned:	07/18/2014	Date of Injury:	04/17/2012
Decision Date:	08/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 4/17/12. A utilization review determination dated 5/12/14 recommends non-certification of chiro to the neck and a CT scan of the right foot. 19 prior chiropractic treatments were noted. 5/1/14 medical report identifies headaches, neck pain, and right foot pain. On exam, there is decreased cervical spine ROM and a diffusely tender right foot. Recommendations include chiropractic treatment and a CT scan of the right foot.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiro 3 x 3 (neck): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 of 127.

Decision rationale: Regarding the request for chiro, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective

functional deficits are intended to be addressed with the currently requested chiropractic care, as the documentation notes only some unquantified range of motion limitation of the cervical spine. Additionally, the records suggest prior chiropractic treatment, but there is no indication of objective functional improvement from those prior sessions. In light of the above issues, the currently requested chiro is not medically necessary.

CT scan (right foot): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: Regarding the request for CT scan (right foot), California MTUS and ACOEM note that, for patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings should be correlated with physical findings. Within the documentation available for review, there is only documentation of pain and diffuse tenderness. No red flags or activity limitations are noted, and there is no documentation of non-diagnostic x-rays and failure of initial conservative treatment targeting the foot. In light of the above issues, the currently requested CT scan (right foot) is not medically necessary